

VERIFICATION OF EXPERIENCE
 HATTIESBURG PUBLIC SCHOOL DISTRICT
 P.O. BOX 1569
 HATTIESBURG, MS 39403-1569
 (601) 582-5078



To: Office of Superintendent

[Redacted]
 [Redacted]

I have been requested to furnish verification of my services as a teacher and/or administrator in your school system. Please complete the information below and return it to:

Audrey Smith, Personnel Specialist
Hattiesburg Public School District
 P.O. Box 1569
 Hattiesburg, MS 39403-1569
audrey.smith@hattiesburgpsd.com

My employment in your school system was during the following sessions: _____ - _____ - _____ - _____
 _____ - _____ - _____ - _____

The name under which I taught was:

 Printed Name Signature Date

*******FOR OFFICIAL USE ONLY*******

THIS IS TO VERIFY THAT _____ WAS EMPLOYED FULL-TIME IN THE _____ PUBLIC SCHOOL DISTRICT AS FOLLOWS:

Dates of Employment (List each year separately)	Job Title	Full-time/Part-time	Begin Date	End Date	# of Days on Contract	# of Days Worked	% of Days Worked

PLEASE AFFIX SCHOOL DISTRICT'S OFFICIAL SEAL

The above school, school system, college or university was fully approved or accredited by the _____ at the time service was performed. **Check one of the following:** Public School Private Non-public _____

CODE OF ETHICS STANDARDS OF CONDUCT DISCLOSURE STATEMENT: Hattiesburg Public School District request the disclosure of any and all information related to allegations and/or charges of violations by the applicant of any code of conduct or code of ethics of your school district or State Department of Education. By signing this form, the applicant has released previous and current employer from any liability or damages because of such disclosure. Please mark the appropriate statement that applies to the above applicant. Check one:

- We have no information as to any allegations or charges of violations by this applicant for any code of conduct or code of ethics while employed at this school district.
- Allegations and/or charges of violations of the code of conduct or code of ethics by the applicant have been reported and/or documented by this school district.

 Printed Name Signature Title Phone Number Date